

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

May 20, 2025

[REDACTED]
LW ALLENTOWN OPCO LLC
[REDACTED]
[REDACTED]

RE: LEGEND PERSONAL CARE AND
MEMORY CARE OF ALLENTOWN
6043 LOWER MACUNGIE ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 23139

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LEGEND PERSONAL CARE AND MEMORY CARE OF ALLENTOWN **License #:** 23139 **License Expiration:** 11/25/2025

Address: 6043 LOWER MACUNGIE ROAD, MACUNGIE, PA 18062

County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: LW ALLENTOWN OPCO LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 05/18/2018 **Issued By:** Lower Macungie Township

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 86 **Waking Staff:** 65

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 04/08/2025

Inspection Dates and Department Representative

04/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 62

Secured Dementia Care Unit

In Home: Yes **Area:** unit **Capacity:** 40 **Residents Served:** 20

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 61

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 24 **Have Physical Disability:** 0

Inspections / Reviews

04/08/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/09/2025

05/12/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/19/2025

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/19/2025

Inspections / Reviews (*continued*)

05/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident [redacted] had an unwitnessed fall on [redacted] at 7:20 a.m. and was sent out to the hospital. The incident report was not sent to DHS until [redacted] at 5:30pm.

Repeat Violation: [redacted] et al.; [redacted] et al.; [redacted] et al.

Plan of Correction

Accept [redacted] - 05/12/2025)

1. The incident report for Resident [redacted]’s fall was sent to DHS on 4/03/25 at 5:30 pm.
2. By 5/6/25, the Administrator/Designee will review incident reports for the prior 30 days to confirm that no other incident reports are required to be reported to DHS.
3. By 5/6/25, the Administrator will educate the Healthcare Director on regulation 2600.16(c) - The home shall report an incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Documentation shall be kept.
4. Beginning on 5/6/25, the Healthcare Director or designee shall review incident reports as needed to ensure they are reported to DHS immediately or within 24 hours, as required.
5. To ensure consistent adherence to Regulation 16c, compliance monitoring will be conducted during the QMPI meeting. This review will occur at the next QMPI meeting on 5/22/25. Documentation will be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented ([redacted] - 05/20/2025)

42b Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident [redacted] has had 8 falls in a 2-month period beginning [redacted]. The resident did begin receiving PT/OT services in January 2025 but continued to have falls including 5 falls from [redacted] to [redacted]. No other steps besides PT/OT were being utilized by the home to address the numerous falls. On [redacted], Resident [redacted] had another fall that resulted in a forehead laceration and stitches. The last fall in the home occurred on [redacted], with the resident being sent to the emergency room due to head and back pain and rib pain. There they were found to have multiple rib fractures. The home did not ensure the safety of the resident by putting additional checks or safety measures in place to prevent future potential falls.

Repeat Violation: [redacted] et al.; [redacted] et al.

42b - Abuse (continued)**Plan of Correction****Accept** [REDACTED] - 05/12/2025)

1. On 4/7/25 the Healthcare Director updated Resident [REDACTED] assessment plan with appropriate fall interventions.
2. On 5/5/25, the Administrator contacted the Office of Aging to schedule education for current staff on abuse with the intention training will be held by 6/15/25.
3. By 5/16/25 the Healthcare Director/Designee will review current resident assessment plans to ensure fall interventions and safety measures are in place as needed.
4. By 5/16/25, the administrator or designee shall interview 10 current residents with frequent falls to inquire if needs are being met.
5. By 5/16/25 the Administrator or designee will re-educate the current associates on regulation 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
6. Beginning 5/6/25, the Healthcare Director/Designee shall review fall incident reports weekly for four weeks to ensure that appropriate interventions are in place.
7. Beginning 5/20/25, the administrator or designee shall interview five residents weekly for 4 weeks to inquire about safety and if needs are being met.
8. To ensure consistent adherence to Regulation 42b, compliance monitoring will be conducted during the QMPI meeting. This review, shall occur at the next QMPI meeting on 5/22/25 documentation shall be kept, further ensuring our commitment to transparency and accountability.

Licensee's Proposed Overall Completion Date: 06/16/2025

Implemented [REDACTED] - 05/20/2025)